STATE OF NEVADA
INDIVIDUALIZED EDUCATIONAL PROGRAM (IEP)

INFORMATION

STUDENT/PARENT INFORMATION

Student_____ Sex____

Birthdate_____ Grade_____ Student ID #_____

Student Primary Language_____

Student English Proficiency Code (optional)_____

Address_____

Student Phone_____

Parent/Guardian/Surrogate_____

Parent Phone (Home)_____ (Work)_____

Optional: Cell_____ Email_____

Primary Language Spoken at Home_____

Interpreter or Other Accommodations Needed_____

Emergency Contact/Phone Number_____

Current School_____ Zoned School_____

ELIGIBILITY CATEGORY

☐ Autism
☐ Deaf/Blind
☐ Developmental Delay
☐ Emotional Disturbance
☐ Health Impairment
☐ Hearing Impairment/Deaf
☐ Mental Retardation
☐ Multiple Impairment
☐ Orthopedic Impairment
☐ Specific Learning Disability
☐ Speech/Language Impairment
☐ Traumatic Brain Injury
☐ Visual Impairment/Blind

ELIGIBILITY DATE_____

ANTICIPATED
3-YR REEVALUATION_____

MEETING INFORMATION

DATE OF MEETING_____
DATE OF LAST IEP MEETING_____

PURPOSE OF MEETING
☐ Interim IEP
☐ Initial IEP
☐ Annual IEP
☐ IEP Following 3-Yr Reevaluation
☐ Revision To IEP Dated _____
☐ Exit/Graduation
☐ IEP Revision Without A Meeting:
At the request of : ☐ Parent or ☐ School District
☐ Other_____

IEP SERVICES WILL BEGIN_____

ANTICIPATED
DURATION OF SERVICES_____

IEP REVIEW DATE_____

COMMENTS_____

IEP PARTICIPATION

Parent/Guardian/Surrogate*_____
Student**_____
LEA Representative*_____
Special Education Teacher*_____
Regular Education Teacher***_____
School Psychologist_____

Speech/Language Therapist/Pathologist/Specialist_____
School Nurse_____
Interpreter_____
Other (name and role)_____
Other (name and role)_____
Other (name and role)_____

*Required participant.

** Student must be invited when transition is discussed (beginning at age 14 or younger if appropriate).

***The IEP team must include at least one regular education teacher of the student (if the student is, or may be, participating in the regular education environment).

PROCEDURAL SAFEGUARDS

❑ I have received a statement of procedural safeguards under the Individuals with Disabilities Education Act (IDEA) and these rights have been explained to me in my primary language.

Parent Signature_____

AT LEAST ONE YEAR PRIOR TO REACHING AGE 18, STUDENTS MUST BE INFORMED OF THEIR RIGHTS UNDER IDEA AND ADVISED THAT THESE RIGHTS WILL TRANSFER TO THEM AT AGE 18.
❑ Not applicable. Student will not be 18 within one year. ❑ The student has been informed of his/her rights under IDEA and advised of the transfer of these rights at age 18.

PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE

Consider results of the initial evaluation or most recent reevaluation, and the academic, developmental, and functional needs of the student, which may include the following areas: academic achievement, language/communication skills, social/emotional/behavior skills, cognitive abilities, health, motor skills, adaptive skills, pre-vocational skills, vocational skills, and other skills as appropriate. For students who are 16 or older, or will turn 16 when this IEP is in effect, also consider the results of age appropriate transition assessments related to training/education, employment, and independent living skills (as appropriate).

ASSESSMENTS CONDUCTED	ASSESSMENT RESULTS	EFFECT ON STUDENT'S INVOLVEMENT AND PROGRESS IN GENERAL EDUCATION CURRICULUM OR, FOR EARLY CHILDHOOD STUDENTS, INVOLVEMENT IN DEVELOPMENTAL ACTIVITIES

STRENGTHS, CONCERNS, INTERESTS AND PREFERENCES

STATEMENT OF STUDENT STRENGTHS

STATEMENT OF PARENT EDUCATIONAL CONCERNS

STATEMENT OF STUDENT'S PREFERENCES AND INTERESTS *(required if transition services will be discussed, beginning at age 14 or younger if appropriate)*

If student was not in attendance, describe the steps taken to ensure that the student's preferences and interests were considered:

CONSIDERATION OF SPECIAL FACTORS

1. Does the student's behavior impede the student's learning or the learning of others? ☐ No action needed. ☐ Yes, addressed in IEP.
   If YES, team must consider the use of positive behavioral interventions and supports and other strategies to address that behavior.

2. Does the student have limited English proficiency? ☐ No action needed. ☐ Yes, addressed in IEP.
   If YES, team must consider language needs of the student as those needs relate to the student's IEP.

3. Is the student blind or visually impaired? ☐ No action needed. ☐ Yes, addressed in IEP.
   If YES, team must evaluate reading and writing needs and provide for instruction in Braille unless determined not appropriate for the student.

4. Is the student deaf or hard of hearing? ☐ No action needed. ☐ Yes, addressed in IEP.
   If YES, team must consider communication needs.

5. Does the student require assistive technology devices and services? ☐ No action needed. ☐ Yes, addressed in IEP.
   If YES, team must determine nature and extent of devices and services.

TRANSITION

DIPLOMA OPTION SELECTED FOR GRADUATION (Diploma option must be declared at age 14 and reviewed annually.)

❒ Standard or Advanced High School Diploma. Must complete all applicable credit requirements and pass the High School Proficiency Examination (with permissible accommodations as needed).	❒ Adjusted High School Diploma. Must complete IEP requirements.

STUDENT'S VISION FOR THE FUTURE

A short statement that directly quotes what the student wants for the future.

STATEMENT OF TRANSITION SERVICES: COURSE OF STUDY

Beginning at age 14 or younger if determined appropriate by the IEP team, describe the focus of the student's course of study.

STATEMENT OF DESIRED POST-SCHOOL OUTCOMES

Beginning not later than the first IEP to be in effect when the student is 16, describe desired post-school outcomes in the following areas.

☐ Training/Education

☐ Employment

☐ Independent Living Skills (As Appropriate)

☐ Other

TRANSITION (continued)

STATEMENT OF TRANSITION SERVICES: COORDINATED ACTIVITIES

Beginning not later than the first IEP to be in effect when the student is 16, develop a statement of needed transition services, including strategies or activities, for the student.

Instruction

Any Other Agency Involvement (Optional):

Related Services

Any Other Agency Involvement (Optional):

Community Experiences

Any Other Agency Involvement (Optional):

Employment and Other Post-School Adult Living Objectives

Any Other Agency Involvement (Optional):

Acquisition of Daily Living Skills and Functional Vocational Evaluation (if appropriate)

Any Other Agency Involvement (Optional):

Other

Any Other Agency Involvement (Optional):

IEP GOALS, INCLUDING ACADEMIC AND FUNCTIONAL GOALS, AND BENCHMARKS OR SHORT-TERM OBJECTIVES

MEASURABLE ANNUAL GOAL (including how progress toward the annual goal will be measured)	**PROGRESS REPORT** 1. Satisfactory Progress Being Made (continue) 2. Unsatisfactory Progress Being Made (need to review/revise) 3. Goal Met (note date)			
☐ Check here if this is a transition goal and identify the area(s) to which it relates: ☐ Training/Education ☐ Employment ☐ Independent Living Skills ☐ Other ☐ Check here if this goal will be addressed during Extended School Year Services (ESY)	**Date**	**Date**	**Date**	**Date**

BENCHMARK OR SHORT-TERM OBJECTIVE
#_____
#_____
#_____
#_____

MEASURABLE ANNUAL GOAL (including how progress toward the annual goal will be measured)	**PROGRESS REPORT** 1. Satisfactory Progress Being Made (continue) 2. Unsatisfactory Progress Being Made (need to review/revise) 3. Goal Met (note date)			
☐ Check here if this is a transition goal and identify the area(s) to which it relates: ☐ Training/Education ☐ Employment ☐ Independent Living Skills ☐ Other ☐ Check here if this goal will be addressed during Extended School Year Services (ESY)	**Date**	**Date**	**Date**	**Date**

BENCHMARK OR SHORT-TERM OBJECTIVE
#_____
#_____
#_____
#_____

METHOD FOR REPORTING PROGRESS

METHOD FOR REPORTING THE STUDENT'S PROGRESS TOWARD MEETING ANNUAL GOALS (check all methods that will be used)	**PROJECTED FREQUENCY OF REPORTS**
☐ IEP Goals Pages ☐ District Report Card ☐ Specialized Progress Report ☐ Parent Conferences ☐ Other_____	☐ Quarterly ☐ Semester ☐ Trimester ☐ Other_____

SPECIAL EDUCATION SERVICES

SPECIALLY DESIGNED INSTRUCTION	BEGINNING AND ENDING DATES	FREQUENCY OF SERVICES	LOCATION OF SERVICES

SUPPLEMENTARY AIDS AND SERVICES

Includes aids, services, and other supports provided in regular education classes or other education-related settings to enable participation with nondisabled students.

MODIFICATION, ACCOMMODATION, OR SUPPORT FOR STUDENT OR PERSONNEL Describe below, or select from supplemental "Modifications, Accommodations, and Supports" (and list number below).	BEGINNING AND ENDING DATES	FREQUENCY OF SERVICES	LOCATION OF SERVICES

RELATED SERVICES

RELATED SERVICE	SERVICE TYPE AND/OR DESCRIPTION *A - Assessment* *C - Consultative* *D - Direct*	BEGINNING AND ENDING DATES	FREQUENCY OF SERVICES	LOCATION OF SERVICES
☐ Speech/Language				
☐ Physical Therapy				
☐ Occupational Therapy				
☐ Transportation				
☐ Counseling				
☐ Psychological Services				
☐ Orientation and Mobility				
☐ Audiology				
☐ School Nurse Services				
☐ Medical Services for Diagnostic or Evaluation Purposes				
☐ Recreation, including Therapeutic Recreation				
☐ Parent Counseling and Training				
☐ Interpreting Services				
☐ Social Work Services				
☐ Other_____				
☐ Other_____				

PARTICIPATION IN STATEWIDE AND/OR DISTRICT-WIDE ASSESSMENTS

Indicate how the student will participate in statewide or district-wide assessments.	If the student will participate in an alternate assessment, explain why the student cannot participate in the regular assessment, and why the particular alternate assessment selected is appropriate	If the student will participate in a regular assessment, does the student require accommodations?
State Norm-Referenced Test (NRT) ☐ Yes ☐ N/A ☐ Alternate		☐ No ☐ Yes If YES, list on "Accommodation(s) for the Nevada Proficiency Examination Program" (attach form).
State Criterion-Referenced Test (CRT) ☐ Yes ☐ N/A ☐ Alternate		☐ No ☐ Yes If YES, list on "Accommodation(s) for the Nevada Proficiency Examination Program" (attach form).
High School Proficiency Exam ☐ Yes ☐ N/A ☐ Alternate		☐ No ☐ Yes If YES, list on "Accommodation(s) for the Nevada Proficiency Examination Program" (attach form).
Proficiency Examination in Writing ☐ Yes ☐ N/A ☐ Alternate		☐ No ☐ Yes If YES, list on "Accommodation(s) for the Nevada Proficiency Examination Program" (attach form).
Other (List): _____ ☐ Yes ☐ N/A ☐ Alternate		☐ No ☐ Yes List Accommodation(s):

EXTENDED SCHOOL YEAR SERVICES

Does the student require extended school year services?
❒ No ❒ Yes If YES, IEP goals and benchmarks/short-term objectives and/or related services to be implemented in ESY must be identified.
If need for ESY is to be determined at a later date, indicate date by which IEP decision will be made:_____

PLACEMENT

PLACEMENT CONSIDERATIONS

❑ ***Selected***	❑ ***Rejected***	Regular class with supplementary aids and services
❑ ***Selected***	❑ ***Rejected***	Regular class and special education class (e.g., resource) combination
❑ ***Selected***	❑ ***Rejected***	Self-contained program
❑ ***Selected***	❑ ***Rejected***	Special school
❑ ***Selected***	❑ ***Rejected***	Residential
❑ ***Selected***	❑ ***Rejected***	Hospital
❑ ***Selected***	❑ ***Rejected***	Home
❑ ***Selected***	❑ ***Rejected***	Other_____

PERCENTAGE OF TIME IN REGULAR EDUCATION ENVIRONMENT

The student will spend _____ % of his or her school day in the regular education environment.

JUSTIFICATION FOR PLACEMENT INVOLVING REMOVAL FROM REGULAR EDUCATION ENVIRONMENTS*

Explain why the IEP goals and objectives cannot be implemented in regular education environments, including the reasons why the team rejected a less restrictive placement. Include an explanation of any harmful effects on the learning of this or other students which affected the placement selection.

*Regular education environments include academic classes (which might include field trips linked to the curriculum), nonacademic settings (such as recess), and extra-curricular activities (for example, sports, after-school clubs, band, etc.).

IEP IMPLEMENTATION

❑ As the parent, I agree with the components of this IEP. I understand that its provisions will be implemented as soon as possible after the IEP goes into effect.

❑ As the parent, I disagree with all or part of this IEP. I understand that the school district must provide me with written notice of any intent to implement this IEP. If I wish to prevent the implementation of this IEP, I must submit a written request for a due process hearing to the local school district superintendent.

Parent Signature_____

❑ A copy of this IEP was provided to the student's parent on : _____ by _____
(date) (name) (title)

DATA ELEMENTS

FEDERAL STUDENT ETHNICITY CODE (CHECK ONE)

☐ American Indian or Alaska Native
☐ Asian or Pacific Islander
☐ Black or African American (not Hispanic)
☐ Hispanic or Latino
☐ White (not Hispanic)

FEDERAL PLACEMENT CODE (CHECK ONE)

Students ages 3-5:

☐ **A1** regular early childhood 80-100%.
☐ **A2** regular early childhood 40-79%.
☐ **A3** regular early education 0-39%
☐ **A4** special education in separate class
☐ **A5** special education in separate school
☐ **A6** special education in residential facility
☐ **A7** home
☐ **A8** service provider location

Students ages 6-21:

☐ **B9** regular education 80-100%
☐ **B10** regular education 40-79%
☐ **B11** regular education 0-39%
☐ **B12** public or private separate school
☐ **B13** public or private residential
☐ **B14** homebound/hospital
☐ **B15** correctional facilities
☐ **B16** private or home schoolers with service plan